

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/960244**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1		1			
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50		1				
TOTAL IND.	22					
TOTAL DEP.		74				
TOTAL CLAIMS	96					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61	1					
62	1					
63		1				
64	1					
65	1					
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73	1					
74		1				
75		1				
76		1				
77		1				
78	1					
79	1					
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88	1					
89		1				
90		1				
91		1				
92		1				
93	1					
94	1					
95	1					
96	1					
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.				6		
TOTAL CLAIMS			7			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS